



# State of New Hampshire Department of Safety

Richard M. Flynn, Commissioner

Earl M. Sweeney, Assistant Commissioner

## Homeland Security and Emergency Management

Christopher M. Pope, Director

Kathryn E. Doult, Assistant Director



### **LOGISTICS TRAILER REQUEST FORM** **FOR TRAINING/DRILLS/EXERCISES**

To request a logistics trailer for training, drills or exercises, this form must be completely filled out by the requesting community, to include approval by the host community, and then faxed (225-7341) or mailed to the Department of Safety, Homeland Security and Emergency Management, Operations Section.

***Homeland Security and Emergency Management must receive this request four weeks prior to intended use for approval consideration.***

The form must clearly state the nature of the request, specify a point of contact and phone numbers, to ensure Homeland Security and Emergency Management personnel can coordinate all necessary arrangements.

Request Date: \_\_\_\_\_

Person Making Request: \_\_\_\_\_ Title: \_\_\_\_\_

Requesting Agency/Town: \_\_\_\_\_

Requesting Agency/Town Point of Contact Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone#: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Type and Name of Event: (*Training, Drill, Exercise, Demonstration, etc.*) \_\_\_\_\_

Date of Event: \_\_\_\_\_

When does the trailer physically need to be at the site? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address of and directions to delivery site: \_\_\_\_\_

When can the trailer be picked up at this same site? Date: \_\_\_\_\_ Time: \_\_\_\_\_

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#### **Host Community Authorization:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

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#### **State Authorization:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

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Office: 107 Pleasant Street, Concord, N.H.  
Mailing Address: 33 Hazen Drive, Concord, N.H. 03305  
603-271-2231, 1-800-852-3792, Fax 603-225-7341  
State of New Hampshire TDD Access: Relay 1-800-735-2964